

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**25526**

**1. PLACE OF DEATH**

2 County Andrew  
Township Clay  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 11  
Primary Registration District No. 5014

File No. \_\_\_\_\_  
Registered No. 12

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. 11 Ward 11  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1 1869</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>9</u>
		DAYS
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Andrew - Ga.  
(STATE OR COUNTRY) Ohio

13. NAME Lothar Wirth

14. BIRTHPLACE (CITY OR TOWN) Christiansburg  
(STATE OR COUNTRY) Ohio

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (CITY OR TOWN) Andrew - Ga.  
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ellis Putnam  
(ADDRESS) Marshall Ohio

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fillmore Ma. DATE Aug 31 1933

19. UNDERTAKER G. W. Cole  
(ADDRESS) Fillmore Ohio

20. FILED Aug 30 1933 G. W. Cole  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from

Edo mother, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on Aug - 29 1933 Death is said

to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset

93C  
93A  
93E

Other contributory causes of importance:

Arteriosclerosis  
Hypertension  
Coronary Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Dr. R. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

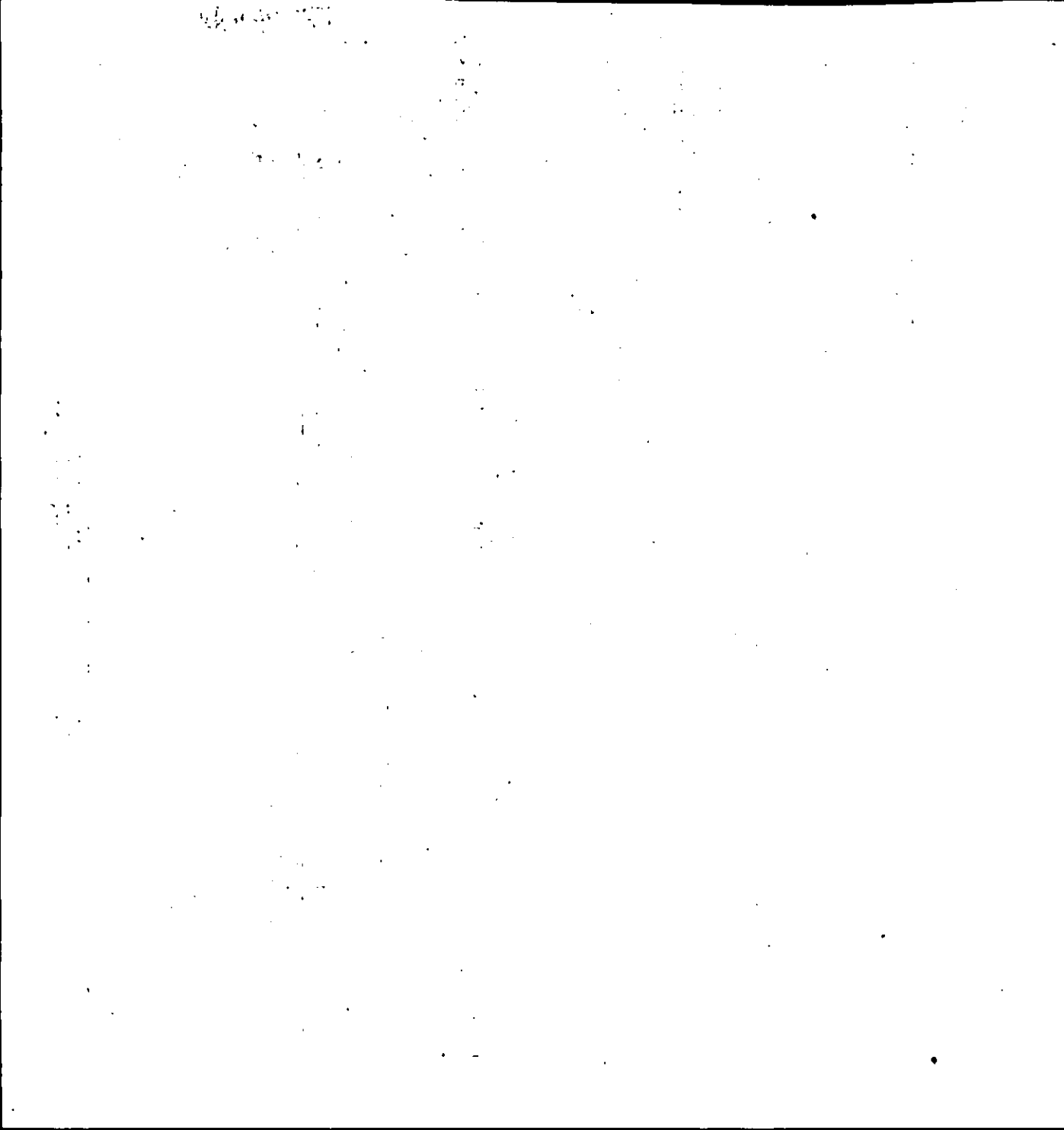
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) M. L. Holliday, M. D.

(Address) Fillmore Ohio  
Coroner Andrew Co. Ohio



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Andrew  
Township Clay  
City                      (No.                     )

Registration District No. 11  
Primary Registration District No. 5014

File No.                       
Registered No. 12  
St.                      Ward                     

**2. FULL NAME**

(a) Residence, No. Mary Catherine Duffy St.                      Ward                     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE                      5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF                      (OR) WIFE OF Austin Duffy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1869

7. AGE YEARS 63 MONTHS 9 DAYS 28 If LESS than 1 day,                      hrs.                      min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                       
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

13. NAME                     

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

15. MAIDEN NAME                     

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE                      DATE                      19

19. UNDERTAKER (ADDRESS)                     

20. FILED                      19                      C. W. Cole Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from                     , to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said

to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows:

Date of onset                     

Other contributory causes of importance:                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                     

Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                     

If so, specify                     

(Signed)                     , M. D.

(Address)                     

SUPPLEMENTARY

5-25536